

ARIZONA STATE BOARD OF MASSAGE THERAPY INSTRUCTIONS

An application form for a massage therapist license is enclosed. Please read these instructions very carefully and then complete the application. YOUR APPLICATION MAY BE SENT BACK if it is incomplete. This will cause delays in your application process.

An application file is considered "open" when the Board has received the appropriately completed application and the non-refundable application fee with all of the attachments required.

ALL APPLICATIONS BECOME PROPERTY OF THE STATE ALL APPLICATIONS MUST INCLUDE THE FOLLOWING

1. A signed and notarized massage license application with all required supporting documentation attached.
2. **A Money Order or Cashier Check ONLY** (NO PERSONAL CHECKS ACCEPTED) will be accepted in the amount of **\$189.00 R4-15-102**. (Application and License fee is \$165 and the fingerprint background check is \$24). **Make MO payable to the "AZ Board of Massage Therapy. All Fees' ARE NON-REFUNDABLE.**
3. A Completed fingerprint card – everyone must submit a completed fingerprint card.
NOTE: The fingerprinting service or technician may charge you a separate fee to take your fingerprints. This fee is not included in the fee submitted to the board. A separate fee is charged by the agency or vendor who actually provides the service.
4. Copy of your high school diploma, OR high school transcripts, OR GED and/or Ability to Benefit Examination recognized by the United States Department of Education, OR Copy of College Degree acceptable.
5. Passport size and type color **PHOTOGRAPH**. Please print your name on the back of the photo in case it becomes detached from your application. This will be your picture on your badge.
 - a. Original Color photo only
 - b. Approximately 2" x 2" - close up, front view of FACE - no profile
 - c. Taken within 60 days of application date
6. All attachments to "YES" questions must be provided. (i.e. court documents)
7. **COPY OF GREEN CARD – IF APPLICABLE**
8. All of the questions on the application must be answered and supporting documentation attached.

Now, determine HOW YOU ARE APPLYING: You must meet the requirements under one of the ways listed below. Make sure you meet the requirements before you apply.

TO AVOID DELAYS, REQUESTS FOR MESSAGE TRANSCRIPTS, NCBTMB SCORES AND VERIFICATIONS SHOULD BE SENT DIRECTLY FROM THE SOURCE TO US BEFORE YOUR APPLICATION IS SENT TO US.

REGULAR License Requirements: Each Regular License Applicant must **complete all of the above 1 thru 8 and both 1 & 2 below.**

1. You will need to have transcripts sent directly from the massage School(s) reflecting 700 clock hours.
(R4-15-201)
2. You must have taken and passed the national exam with the NCBTMB. The results must be sent directly from the NCBTMB to us.
(32-4222) (If you attended a Title IV School here in Arizona your exempt from taking the NCBTMB, list on the website approved schools)

RECIPROCITY License Requirements: Each Applicant for Reciprocity must **complete all of the above 1 thru 8 and both 1 & 2 and 3 below.** We reciprocate only with the Delaware, Nebraska, New York, North Dakota, and Ohio (City licensure is not equivalent to state licensure)

1. You will need to have transcripts sent directly from the massage School(s) reflecting 700 hours.
(R4-15-201)
2. Verification must be sent directly from your State Board verifying your license is current and in good standing for at least 5 years back. (Verification form on website)
3. You will need to show proof that you hold current certification with or have taken and passed the NCBTMB. This document must be sent directly from the NCBTMB to us. 32-4223 (If you meet the 5 year requirement above, #2, then you don't need to show proof of the NCBTMB)

ADDITIONAL INFORMATION

An application must be “administratively complete” before the Board will review and rule on the application. In order to be considered “administratively complete” the board must have received a completed application form, a fingerprint report from the Department of Public Safety, and all required supporting documentation. The Board will then consider the application.

- Each applicant has the responsibility to contact information sources (i.e., schools, municipalities, licensing boards, court records) to verify that the materials required for an application to be considered administratively complete have been sent to the Board, (example; NCBTMB, state verification(s), conviction records and official transcripts.)
- If your Massage school is closed then you need to find out the agency that governed the massage school in that state and request that the transcripts be sent to us. If the agency does not have any transcripts then they need to send a letter stating they have no transcripts directly to us.
- Board staff cannot send application documents to information sources. It is the applicant’s responsibility to make sure that all information sources are aware of any deadlines you are attempting to meet. You should also be aware that the Board may request clarification or additional information regarding your pending application.
- The Board will send you **ONE NOTICE OF DEFICIENCY** indicating any required materials that have not yet been received. The Board shall consider an application withdrawn if within 360 days from the application submission date the applicant fails to supply the missing information that is requested in the deficiency letter.

If you have additional questions please refer to the Arizona state laws & rules

If you would like to obtain a copy of the State Massage Board’s Laws and Rules, you may download them for **free** from the Board’s website www.massageboard.az.gov.

Allow at least 8 weeks for processing of your application

Instructions for Navigating NCBTMB Website

National Certification Board for Therapeutic Massage and Bodywork:

www.ncbtmb.com **info@ncbtmb.com** **1-800-296-0664**

Take the exam that suits your massage knowledge. We will accept any exam.

Once you open the website, you will go to Applicants left side of page, and then a drop down will let you choose Applications & Forms. You can apply one of 2 ways:

1. Interactive that you will print then submit by mail to the NCBTMB.
2. Or you can apply online.



State of Arizona
Janet Napolitano
Governor

Arizona State Board of Massage Therapy

1400 W. Washington, Ste. 230 ♦ Phoenix, AZ 85007
Phone: 602-542-8604 ♦ Fax: 602-542-3093
Website: www.massageboard.az.gov
Dr. Craig Runbeck, Executive Director

Scotch Tape Only - ORIGINAL-
Passport 2x2 Current PHOTO
Here

LICENSE APPLICATION

Return completed application and information to the Board:

Check how you are applying in the appropriate box: (**See Instructions**)

- ☐ **Regular** License Application
☐ **Reciprocity** License Application

Application & 2-year License Fee is \$165.00, \$24.00 is for your fingerprint background check.
Total due with the application is **\$189 - MONEY ORDERS or CASHIER CHECKS ONLY**

ALL OF THIS APPLICATION IS REQUIRED TO BE FILLED IN OR MARKED NA (if non applicable).
TYPE or PRINT LEGIBLY

1. Social Security Number: _____ - _____ - _____

2. Legal Name: _____
(First) (Middle) (Last)

3. List all names you have used - this includes all married and maiden names:

Indicate by checking the box which address you want posted on the Website: ☐ Home ☐ Business ☐ Other

4. Resident address: Will be public if no other address is given - A physical address is required:

Complete Street address include (Apt #) (City) (State) (Zip Code)

Phone numbers are (required): (Home) _____ / _____ / _____

5. Massage Business address: Business Name: _____

Business Street address include (Ste #) (City) (State) (Zip Code)

Business Phone number _____ / _____ / _____

6. Mailing address if different from home:

PO Box/House #/Street Name (Ste #) (City) (State) (Zip Code)

7. Additional phone numbers if any (Fax) _____ (Cell) _____

8. Date of Birth: _____ / _____ / _____ Place of Birth: _____, _____, _____
Month Day Year City County State

9. Are you a US Citizen Are you legal resident authorized to work in the United States?
☐ Yes ☐ No ☐ Yes ☐ No
If you are not a U.S. Citizen you must attach proof of legal authorization to work in the United States

10. Gender: _____ Male _____ Female _____ HGT _____ WGT _____ EYES _____ HAIR

11. Residential addresses for the past 5 years. List in chronological order; include apartment, suite or room numbers

a. _____ From _____ To _____
b. _____ From _____ To _____
c. _____ From _____ To _____
d. _____ From _____ To _____

EDUCATION AND TRAINING REQUIRED - You must provide a copy of your High School diploma, transcript, GED, college degree diploma, or an Ability to Benefit exam copy to this application.

12. Name and address of High School(s) attended or earned GED or Ability to Benefit exam

_____	_____	_____	_____
Name	City	State	Zip Code
Date of Graduation _____ Date earned GED _____ Date passed Ability to Benefit _____			

Course of study must be in an approval program of Massage Therapy or Bodywork Therapy. (See Rule R4-15-101.1)

A COPY OF YOUR TRANSCRIPTS MUST BE SENT TO THE BOARD DIRECTLY FROM YOUR MESSAGE SCHOOL(s)

13. Name and address of approved massage school.

_____	_____	_____	_____
Name	City	State	Zip Code
_____	_____	_____	_____
Name	City	State	Zip Code
14. Number of classroom hours _____ Date of graduation _____			

EXAMINATION:

A COPY OF YOUR EXAM RESULTS MUST BE SENT TO THE MESSAGE BOARD DIRECTLY FROM NCBTMB

15. Did you take an exam with the NCBTMB? ☐ YES ☐ NO Date exam taken and passed _____

What NCBTMB exam did you take _____ Certificate number _____
(If applicable)

Do you have a pending test date set for the NCBTMB? ☐ YES ☐ NO Date _____

16. Have you held a State Massage License in another state ☐ YES ☐ NO

If yes, list all of the States in which you held a massage license

A. State _____ B. State _____ C. State _____

If yes a verification form from each state must be sent directly to the Board (form on website)

17. Have you been licensed in the State of Arizona under a city or municipality as a massage therapist? ☐ YES ☐ NO

If yes, list all the cities where you held licenses.

A. City _____ B. City _____ C. City _____

YOU MUST ANSWER ALL OF THESE QUESTIONS by checking the appropriate yes/no box.

The fact that a conviction and/or criminal offense has been pardoned, expunged, dismissed or that your civil rights have been restored does not mean that you can answer "NO" to the following questions.

18. Have you, within 5 years preceding the date of this application, been convicted of a Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have you, within 5 years preceding the date of this application, been convicted of a misdemeanor involving prostitution, solicitation or other similar offense involving moral turpitude?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Pursuant to A.R.S. 32-3208 (A) as cited below; have you been charged with a felony or a misdemeanor involving conduct that may affect patient safety after receiving or renewing a health care license or certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Within five years before the date of this application have you been convicted of an act involving dishonesty, fraud, misrepresentation, gross negligence or incompetence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are you currently incarcerated or on community supervision after a period of incarceration in a local, state or federal penal institution? Are you on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Within five years before the date of this application have you had a massage therapy certification/license revoked or suspended by a national massage therapy certifying agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Within five years before the date of this application have you voluntarily surrendered a license under A.R.S. § 32-4254 or had a license to practice massage therapy or another similar license revoked by a political subdivision of this state or a regulatory agency in another jurisdiction that would be subject to discipline pursuant to this chapter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are you currently under investigation, suspension or restriction by a political subdivision of this state or a regulatory board in another jurisdiction in the United States for an act that occurred in that jurisdiction that would be subject to discipline pursuant to this chapter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Have you ever had an application for a professional license refused or denied by a licensing authority? If yes in what state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you ever been the subject of disciplinary action by a certifying/licensing agency with regard to any professional license or certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered YES to any of the questions above you must obtain and attach copies of the court document(s) relating to the offense. The documentation must include: date of conviction; final disposition of all Court's having jurisdiction over the offense(s); provide proof of release from parole or probation if applicable. Provide a copy of the notice if expunged and notice of restoration of civil rights, if applicable. You will not be issued a license if you are on probation.

Notice A.R.S. §32-3208. Criminal charges; mandatory reporting requirements; civil penalty

A. A health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony after receiving or renewing a license or certificate must notify the health professional's regulatory board in writing within ten working days after the charge is filed.

E. The regulatory board may deny the application of an applicant who does not comply with the notification requirements of this section.

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY -

28. Affidavit of Applicant –

I, _____, certify that I am the person described and identified in this application;
(Print Your Name)

I have answered all of the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I authorize all institutions or organizations, including educational institutions and organizations, my references, employers (past and present), business and professional associations (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Board any information, files or records required by the Board in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice Massage Therapy in the State of Arizona.

Signature of Applicant: _____ Date: _____

State: _____

County: _____

Subscribed and Sworn to before me this _____ day of _____ 20 ____ by the affiant, who personally appeared before me.

My Commission expires: _____
NOTARY PUBLIC SIGNATURE

(OFFICIAL STAMP)

This application will be returned to the applicant if the form is not signed and is not properly notarized. You should keep a photocopy of this form for your records.

Person with disabilities may request reasonable accommodations by contacting the Arizona State Board of Massage Therapy (602) 542-8604. Request should be made as early as possible to allow time to arrange the accommodation.

Fingerprint Card Instructions

You will need to request a FP card go to the contact us on the website and email the request

If your fingerprint card lacks your full name, date of birth, place of birth, or Social Security Number, it cannot be processed. It is recommended that you take this page to the fingerprint technician

Notice to Fingerprint Technician

This applicant will furnish you with a fingerprint card. To establish uniform reporting of information of applicant fingerprint cards, the Arizona Massage Therapy Board adheres to the following standard guidelines.

The information must be legible and typed or printed in BLACK ink only.
DO NOT BEND THE FINGERPRINT CARD

Completion of Applicant Fingerprint Card

1. Applicant's name: Last Name, First Name, Middle Name
2. Date of Birth: If unknown, list the approximate age or year of birth
3. Place of birth includes only the state or country using authorized coded abbreviations.
4. To conform with the ACIC and NCIC Reporting System, the following abbreviations are used for physical identification:

Race

A = Asian/Pacific Islander
B = Black
I = Native American/Alaskan Native
H = Hispanic
W = White
U = Unknown

Height: Use feet & inch measurements: 5'11" for 5 feet 11 inches, not 71 inches

Weight: Whole numbers only using U.S. pounds

Eye Color:

Blk/Black
Blu/Blue
BRO/Brown
GRN/Green
HAZ/Hazel
Mar/Maroon
PNK/Pink
XXX/Unknown

Hair Color

BLK/ Black
BRN/Brown
WHI/ White
SDY/Sandy
BLN/ Blonde
RED/ Red-Auburn
GRY/ Gray
XXX/unknown

To Assist Applicants:

Law enforcement agencies perform fingerprinting services. Also private fingerprinting services are listed in the "Yellow Pages" of the phone book. Contact the agency or company nearest you to determine cost and hours of availability. A few are listed below.

Phoenix Police Dept.
620 W. Washington
Phoenix AZ
Mon- Fri 8am to 5pm

Select Information Services Inc.
623-842-0992
5507 W Glen Drive Glendale AZ

Community Wellness & Safety of Arizona
522 N Gilbert Rd Suite 104
480 892-4295
Call for Fee no appt necessary

Preferred Support Services
480-835-6676
54 S. Center Street Mesa AZ

Fingerprints Xpress Mobile Fingerprint Services
Schedule an appointment call
480-600-2106 or email: fingerprintxpert@cox.net

Mobile Fingerprints Services Valley wide Service
480-695-4112 contact Jennifer